



Downers Grove Park District Fitness Center Personal Training Staff

A personal trainer will design a workout customized for you, help you learn correct and safe techniques, stay motivated and meet your goals.

For information or to make an appointment with a personal trainer, call 630.960.7250.

Personal Trainers

Anna Aquino

Anna is certified by the American Council on Exercise and is eager to help you experience the physical and emotional benefits of fitness. Her goals are to educate and motivate you and to help you define and achieve your fitness goals and maintain a healthy, active lifestyle.

Samantha Bland

Samantha has a Bachelor's degree in Nutrition and Dietetics and a Master's degree in Sport Nutrition, she is also certified by the Aerobics and Fitness Association of America. As a former collegiate volleyball player, she is very familiar with sports training and Olympic power lifts. She enjoys working with young athletes that are determined to improve their performance with training in the weight room along with clients who are interested in weight loss.

Jeanette Kay

Jeanette has a Bachelor's degree in Nutrition and is certified by the American Council on Exercise. Her focus is on helping you identify your fitness and weight loss goals and then designing a customized program to help you safely and effectively achieve them.

Casey Lee

Casey is certified through the National Council for Certified Personal Trainers and his goal is to educate and motivate his clients to a healthier life. He believes it's essential to meet his client where they're currently at in their fitness journey and take purposeful steps in the direction of their goals.

Pete Wilt

Pete is certified by the American Council on Exercise and is dedicated to providing you with the knowledge and motivation to achieve and maintain your fitness or sports performance objectives. Pete incorporates the latest health information and techniques into your customized training plan.



Personal Training Request Form

Name: _____ Date: _____

Address: _____

Phone: (Home) _____ (Work) _____
(Cell) _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

When is the best time to reach you and where?

_____ / _____

General Information

1. Is there a specific trainer you would like to work with? _____

2. If you don't have a specific trainer what is your preference? MALE FEMALE EITHER

3. Please state your date and time preference you would like to train: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening



Downers Grove Park District Personal Training Health Questionnaire



Name _____

Home Address _____

Telephone (home) _____ (work) _____

Height _____ Weight _____

Gender _____ Birth date _____ Age _____

Health Questionnaire

Please fill out completely all questions below.

If you answered **Yes** to any questions below you will need a **written medical release from your Doctor!**

Do you have or have you ever had any of the following?

Do you take any medications?

HEART

| | | |
|---------------|-----|----|
| Heart Attack | YES | NO |
| Heart Disease | YES | NO |
| Stroke | YES | NO |
| Abnormal EKG | YES | NO |

| | | |
|-------------------------|-----|----|
| For the Heart | YES | NO |
| For High Blood Pressure | YES | NO |
| High Cholesterol | YES | NO |

OTHER

| | | |
|----------|-----|----|
| Diabetes | YES | NO |
|----------|-----|----|

IMPORTANT INFORMATION

Responding to the Health Questionnaire is purely voluntary and you do not have to share your responses with the staff of the Downers Grove Park District Fitness Center. However, please recognize that individuals with coronary risk factors or other medically significant risk factors, run a greater chance of cardiovascular incident or increased risk of injury during physical activity. Although you are solely responsible for determining if you are physically fit for any and all fitness activities, it is always advisable, especially if you are pregnant, suffer from an underlying medical condition, take medication, smoke cigarettes, have a family history of coronary disease, or have recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Please recognize the staff of the Fitness Center are not medical practitioners. However, any voluntary communication of the above requested information to our staff may assist the staff in identifying adverse signs and symptoms that might compromise your well-being and which should be evaluated and assessed by qualified medical personnel.

I HAVE READ AND UNDERSTAND THE PRECEDING STATEMENT

Signature _____

Date _____



Fitness Center – Health History Form

Name: _____ Date: _____

Please answer the following and circle all that apply

1. Do you use or have you ever used tobacco products? YES or NO
If Yes, type of product and how often:

2. What best describes your occupation?
Unemployed Sitting Desk Work Walking Always on the Go!
Constantly on my feet! Physical Hard Labor Other _____
3. Do you have any difficulty with physical activity?

4. Are you pregnant? YES or NO
5. Do you feel pain, or pressure in your chest during exercise? YES SOMETIMES NO

If you answer YES to any questions below please list.

6. Do you have any physical conditions, such as a hernia or herniated discs, that may be aggravated by lifting weights? YES NO

7. Do you have any previous injuries that still affect you during physical activity? YES NO

8. Do you have any history of lung problems, or breathing problems such as asthma? YES NO

9. Do you have any history of heart problems, or family history of heart disease? YES NO

10. Do you have any bone/joint problems that could become worse by a change in your exercise program? YES NO

11. Have you ever had a stroke, or immediate family member had a stroke? YES NO

12. List all types of surgery you have had in the past 10 years:

13. List all types of medical conditions you currently have:

14. List all types of medications, or dietary supplements you are currently taking:

15. List any limitations, or medical concerns that may apply during a new exercise program?

Goals and Expectation:

1. What does your current exercise program consist of?

- a. Stretching/flexibility
- b. Weight Training
- c. Cardiovascular Training
- d. Other _____

2. Have you ever worked with a personal trainer in the past? YES or NO

3. How many days will you devote to an exercise program?

(1-2) (3-4) (5-7)

4. How much time will you devote to an exercise program per day?

(10-30 min) (30-45min) (45-60min) (60-90min)

5. What do you plan to accomplish with an exercise program? (Circle all that apply)

- | | | |
|-----------------------|-----------------------|-----------------------|
| Increased Strength | Increased Power | Increased Flexibility |
| Increased Endurance | Increased Muscle tone | Decreased Body Fat |
| Decreased Body Weight | Increased Energy | Decreased Stress |
| Increased Muscle Size | Other _____ | |

6. Circle each activity that interests you:

- | | | |
|---------|---------------|----------------|
| Running | Biking | Swimming |
| Walking | Weightlifting | Group Exercise |
| Sports | Other _____ | |